

Permit #: 20103

Date Issued: 1-16-96

County: Buttes

Date Cancelled: 1-17-96

CONFIDENTIAL UNTIL: \_\_\_\_\_

Date Plugged: \_\_\_\_\_

COMMENTS:

*Cancelled*

OGC FORMS	Date Received
1	
2	
3	
3i	1-16-96
4	
4i	
5	
6	
7	
8	
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples			
	chip		
	core		
Analyses			
	water		
	core		

Additional Submitted Data:

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐ DEEPEN ☐ PLUG BACK ☐for an oil well ☐ or gas well ☐ Hydrocarbon Test X

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 1-16-96  
16205 W. 287 St. Paola Kansas 66071

Address

City

State

## DESCRIPTION OF WELL AND LEASE

Name of lease Swickhamer		Well number 2		Elevation (ground) 855	
WELL LOCATION (give footage from section lines) <u>50</u> ft. from (N) <sup>XX</sup> sec. line <u>50</u> ft. from (E) (W) sec. line					
WELL LOCATION Section <u>36</u>		Township <u>39</u>		Range <u>33</u> County <u>Bates</u>	
Nearest distance from proposed location to property or lease line: <u>N/A</u> feet			Distance from proposed location to nearest drilling, completed or applied for well on the same lease: <u>N/A</u> feet		
Proposed depth 75	Drilling contractor, name & address Town Oil Co.		Rotary or Cable Tools Rotary		Approx. date work will start 1-16-96
Number of acres in lease 120			Number of wells on lease, including this well, completed in or drilling to this reservoir: <u>0</u> Number of abandoned wells on lease: <u>0</u>		
If lease, purchased with one or more wells drilled, from whom purchased: Name <u>N/A</u> Address _____			No. of Wells: producing <u>0</u> injection <u>0</u> inactive <u>0</u> abandoned <u>0</u>		
Status of Bond Single Well <input type="checkbox"/> Amt. _____ Blanket Bond <input checked="" type="checkbox"/> Amt. <u>\$60,000</u> <input checked="" type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED					
Remarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone) use back of form if needed.  <u>N/A</u>					
Proposed casing program: <u>N/A</u> amt. size wt./ft. cem.				Approved casing -- To be filled in by State Geologist <u>N/A</u> amt. size wt./ft. cem.	
_____ _____ _____				_____ _____ _____	
I, the undersigned, state that I am the _____ of the _____ (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge. Signature <u>Letitia Town</u>					

Permit Number: 20103Approval Date: 1/16/96Approved By: Jasper Holly Williams HWB☒ Drillers log required☒ E-logs required if run☒ Core analysis required if run☒ Drill stem test info. required if run☐ Samples required☐ Samples not required

Note: This Permit not transferable to any other person or to any other location.

Remit two copies to: Missouri Oil and Gas Council  
 P.O. Box 250 Rolla, Mo. 65401  
 One will be returned for driller's signature

WATER SAMPLES REQUIRED ☐

Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the proposed well nor endorsement of the qualifications of the permittee.